PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/722,378

CLAIMS AS FILED - PART I							SMALL ENTITY TYPE		00	OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		(Column 2)		•					
TOTAL CLAIMS			25				RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC FI	385.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			25 minus 20=		* 5		X\$ 9=		OR	X\$18=	90.∞	
INDEPENDENT CLAIMS			2minus 3 =		*	e	X43=		OR	X86=		
ML	JLTIPLE DEPEN	RESENT	ESENT			+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	TOTAL		OR	TOTAL	860.∞	
CLAIMS AS AMENDED - PART II								•		OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)	SMALI	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	+290=		
							TOTA		OR	TOTAL		
		(0.1		(Oal)	0\	(Calumn 2)	ADDIT. FE	E L		ADDIT. FEE		
_		(Column 1) CLAIMS	T	(Colur HiGH	EST	(Column 3)		ADDI-	1	·	ADDI-	
ENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***]=	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						.145			+290=		
•						+145=		OR				
	•						ADDIT. FE	Ė L	OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)		٠.				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X43=		OR	X86=		
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							6	OH		-	
									OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											1	
***	f the "Highest Nur If the "Highest Nur	mber Previously Pa mber Previously Pa	aid For" IN THIS aid For" IN THI	S SPACE I	s less tha s less tha	n 20, enter "20." n 3, enter "3."			OH	ADDIT. FEE	L	